

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039385

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 154

VS 300  
Rev. 4/59

1 0570

2 0570

3 1

4 0

5 1

6

7 0

8 1

9 X

10

11 057

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED NOV 13 1962  
1. PLACE OF DEATH  
a. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Bedford Twp. Length of stay in 1b 2 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Lincoln Co. Mem. Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Lincoln

c. CITY OR TOWN Troy Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last Donald Wade Tipton

4. DATE OF DEATH Month Day Year November 6, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/24/28

9. AGE (last birthday) 34

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Room

10b. KIND OF BUSINESS OR INDUSTRY Can Factory

11. BIRTHPLACE (City and state or country) Illmo, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Francis Tipton

13b. MOTHER'S MAIDEN NAME Lillian Payne

14. NAME OF HUSBAND OR WIFE Orthy Sue Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO.

17. INFORMANT Address Orthy S. Tipton, Troy, Mo. Rt. 1

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE PANCREATITIS AND PERITONITIS

INTERVAL BETWEEN ONSET AND DEATH 14 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

RUPTURED PANCREAS

DUE TO (c)

AUTOMOBILE INJURY

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

RUPTURED STOMACH + SPLEEN.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE ☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Truck Skidded in front of car he was driving

20c. TIME OF INJURY Hour Minute 5:00

on Hiway #47 11 Mi. East of Troy, Mo. His car struck truck.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #47

20f. CITY, TOWN, OR LOCATION COUNTY STATE Monroe Twp. Lincoln, Missouri

21. I attended the deceased from 10/24/62 to 11/6/62 and last saw him alive on 11/6/62

Death occurred at 2:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert J. Briskin DO.

22b. ADDRESS Troy, Missouri

22c. DATE SIGNED 11/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/9/62

23c. NAME OF CEMETERY OR CREMATORY Old Alexandria Cemetery Lincoln Co. Missouri

24. FUNERAL DIRECTOR ADDRESS Kemper-Marsh Funeral Home, Troy, Mo.

25. DATE RECD. BY LOCAL REG. 11-7-1962

26. REGISTRAR'S SIGNATURE Charlotte Leek.

MAY 9 1963

JUL 3 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph J. Marsh Sr.*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.